

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION/SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/019852** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1					
5	1					
6		2				
7	1					
8		1				
9	1					
10	1					
11		2				
12	1					
13		1				
14	1					
15		3				
16	1					
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50						
TOTAL IND.	10		↓		↓	↓
TOTAL DEP.	16		↔		↔	↔
TOTAL CLAIMS	26					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			↔		↔	
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
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